

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | HL       |        | 7-5-01   |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | HA       | 56-966 | 07-18-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral) ... Canceled    A ..... Appeal  
 + ..... Restricted                      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
| 15             | ✓    |
| 16             | ✓    |
| 17             | ✓    |
| 18             | ✓    |
| 19             | ✓    |
| 20             | ✓    |
| 21             | ✓    |
| 22             | ✓    |
| 23             | ✓    |
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| 25             | ✓    |
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| 42             | ✓    |
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| 45             | ✓    |
| 46             | ✓    |
| 47             | ✓    |
| 48             | ✓    |
| 49             | ✓    |
| 50             | ✓    |

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 51             | ✓    |
| 52             | ✓    |
| 53             | ✓    |
| 54             | ✓    |
| 55             | ✓    |
| 56             | ✓    |
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| 95             | ✓    |
| 96             | ✓    |
| 97             | ✓    |
| 98             | ✓    |
| 99             | ✓    |
| 100            | ✓    |

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 101            |      |
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| 149            |      |
| 150            |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy